

OCT 27 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Verdon
 Township Washington
 City Nevada (No. _____)

Registration District No. 875
 Primary Registration District No. 616

File No. 35566
 Registered No. 260
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hospital #2 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1869
 7. AGE YEARS 69 MONTHS 7 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Chronic invalid)
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Chas. Sallee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME Winifred Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Benton Co. Clark (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Cemetery DATE 10-6-1937

19. UNDERTAKER Hays, Nevada (ADDRESS)

20. FILED Oct 6 1937 Allen D. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1937

22. I HEREBY CERTIFY That I attended deceased from Apr. 7, 1892 to Oct. 3, 1937

I last saw him alive on Oct. 3, 1937 Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

Traumatic Pneumonia Date of onset ?

Other contributory causes of importance: Generalized Arteriosclerosis
Senility

Name of operation 115 Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 11-27, 1937

Where did injury occur? on road in State Park (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Struck by another patient's car

Manner of injury causing fracture of ribs

Nature of injury Pneumonia

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) R. H. Potter M. D.
 (Address) State Hosp #3, Nevada

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Vernon Registration District No. 875-
Township Washington Primary Registration District No. 6162
City _____ No. _____ St. _____ Ward _____

File No. 354-66
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10/4, 1937 Allen V. Hays Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Septicemic pneumonia Date of onset

Other contributory causes of importance:

175

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11-27, 1937

Where did injury occur? On way to State Hosp.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Struck by another patient (Benard J. Kay)

Manner of injury causing fracture of rib on R

Nature of injury and resulting in pneumonia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Patten, M. D.

(Address) State Hosp #3

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

S-35566